DOCUMENT RESUME

ED 323 272 UD 027 585

AUTHOR Albert, Kate M.
TITLE School-Based Adolescent Health Programs: The Oregon Approach. Innovations.
INSTITUTION Council of State Governments, Lexington, Ky.
PUB DATE Oct 89
NOTE 9p.
AVAILABLE FROM The Council of State Governments, Iron Works Pike, P.O. Box 11910, Lexington, KY 40578-9989 ($10.00; single copies are free to state officials).
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Clinics; Contraception; Demonstration Programs; Health Programs; Health Promotion; *Health Services; *High Schools; High School Students; Outreach Programs; *School Community Programs; State Aid; State Programs
IDENTIFIERS *Oregon; *School Based Clinics

ABSTRACT

Oregon has implemented a successful school-based clinic demonstration program. It was the first state to fund directly school-based clinics that provide comprehensive health services, including birth control counseling, to high school students. The program is administered through the Health Division of the Oregon Department of Human Resources, which supervises and provides technical assistance to the clinics. At the local level, most of the clinics are administered by county health departments who staff and oversee the daily operations of the services. The clinics are on the grounds of public high schools and are staffed by nurse practitioners, nurses, and a receptionist. The original five clinics were funded in 1985 as 3-year pilot projects; they were supplemented by a sixth clinic funded for the school year 1988-89. The state legislature had funded a total of 12 clinics to begin during the 1989-90 school year. In a relatively short period of time, this new system of delivering health services to teenagers has been developed in Oregon. The acceptance of the clinics by students, teachers, parents, and the communities involved is evidence of the Oregon program's viability. Efforts to assess program effectiveness in reducing major problems of adolescence are currently underway. (AF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED323272

The Council of State Governments

innovations

School-Based Adolescent Health Programs: The Oregon Approach

by Kate M. Albert

Students receiving health education information in one of the school-based health clinics.

Photo courtesy of Multnomah County Department of Human Services Health Division

UD 027 585

BEST COPY AVAILABLE

In Brief

Oregon has implemented a successful school-based health clinic demonstration program. It was the first state to directly fund school-based clinics, which provide comprehensive health services, including birth control counseling, to high school students. The program is administered through the Health Division of the Oregon Department of Human Resources, which supervises and provides technical assistance to the clinics. At the local level, most of the clinics are administered by county health departments, who staff and oversee the daily operation of the clinics. The clinics are on the grounds of public high schools and are staffed by nurse practitioners, nurses and a receptionist. Three of the clinics also serve middle schools in their communities. The clinics were funded in 1985 as three-year pilot projects; the original five have just completed their third year of operation. The Legislature funded a sixth clinic beginning in the school year 1988-89, and funded six additional clinics for a total of 12 to begin during the 1989-90 school year.

Introduction

Unmarried teen-age mothers having unhealthy babies and rising numbers of teen-agers addicted to drugs, alcohol and cigarettes are attracting national attention. Proposed solutions include initiatives such as Colorado's program to pay teen-age mothers $1 a day for two years not to become pregnant and a federal program to teach welfare mothers of pre-teen-agers communication and management skills. Encompassing these aspects, states are considering providing comprehensive health services, including health education and promotion, through such means as school-based health clinics.

Teen-agers, particularly the economically disadvantaged, are one of the most underserved health care populations because they are too old to benefit from federal health programs serving children and infants and are not able to afford their own health insurance. Yet, teen-agers may be the most important segment of the population to reach in terms of promoting lifelong healthy behavior. And, while teen-agers are less prone to chronic illness and disease, they are much more likely to take serious health risks, such as engaging in reckless driving, drug abuse and unprotected sex. Teen-agers also suffer from health problems such as depression and low self-esteem, causing personal misery, suicide attempts and failure in the classroom, on the job and in family life.

School-based health clinics provide free, accessible health care to teen-agers in comfortable, non-threatening surroundings. Comprehensive health-care clinics are located on the grounds of junior and senior high schools and are staffed by nurse practitioners, social workers and physicians. Such clinics are typically located in medically underserved areas that have above-average rates of drug and alcohol abuse, truancy, sexually transmitted diseases and teen pregnancy.

Currently, there are approximately 150 clinics in 30 states. Most clinics are in senior high schools but more are being opened in junior high schools to reach younger students. The number of school-based health clinics continues to grow substantially each year.

Clinic users typically reflect the racial and ethnic make-up of the school. Some clinics also serve dropouts and siblings and children of students. Nationwide, an estimated half or more of the students who use the clinics have no other primary source of health care.

Clinic budgets range from $10,000 to $414,900, depending on the size of the clinic and school. The average clinic budget is $120,991, not including contributions such as clinic facilities, maintenance and equipment provided by the school. These in-kind contributions raise the average clinic budget to $165,000 annually.

States are the largest contributors of public funds to school-based clinics. Private foundations, including Robert Woods Johnson, Carnegie and Abell, contribute substantial funds to clinics nationwide.

The majority of clinics require parental consent for services obtained through consent forms which list the types of medical and health services provided. Some clinics allow parents to indicate which services their children may or may not receive. In some cases, only specific types of services are listed, for example, reproductive health services. Parental consent is not required for the treatment of emergencies and for the care of emancipated minors.

In states such as Oregon, minors have a legal right to services such as family planning, pregnancy-related services, treatment of sexually transmitted diseases, treatment of drug and alcohol problems and mental health counseling. In these states, clinics are permitted to provide these services without parental consent.

Background

Oregon's model program started at the local level. In 1984, Billi Odegaard, the director of the Multnomah County Health Services Division, learned of an innovative St. Paul, Minn. program to reduce teen pregnancy. Odegaard, concerned about the high rates of teen pregnancy, assigned Anne Cathey, a nurse and coordinator of maternal and child health services, to look into school-based clinics. Cathey became the prime catalyst in the effort to establish the first teen health clinic in

Oregon. Multnomah County health officials spent a year researching adolescent health needs in the area. They discovered higher rates for suicide, homicide, accidents, pregnancy and anemia among teen-agers. Teachers interviewed believed health problems in school adversely affected educational performance. With facts to support their belief that accessible and affordable teen health services were needed in Portland, county health officials made presentations to advisory committees to garner community support.

In April 1985, with the help of County Commissioner Gretchen Kafoury, a six-month pilot project to establish a school-based comprehensive teen health clinic was approved by Multnomah County at a cost of $52,000. The pilot project's major objective was to reduce Oregon's high rate of teen-age pregnancy.

The health officials enlisted the support of the Portland Superintendent of Schools, Matthew J. Prophet, Jr., who assigned a deputy to work with Cathey in the effort and identify the appropriate school. They selected the 1,000-student Roosevelt High School in North Portland, an ethnically diverse, working-class neighborhood. A significant number of the area residents have incomes at or below the federal poverty level.

The Portland efforts attracted the attention of then state legislator Rick Bauman who, as chair of the Human Resources Subcommittee of Ways and Means, worked to fund the clinics in the Health Division's budget. The Legislature approved the funding in June 1985.

To start the clinic at Roosevelt High School, supporters then held community meetings, visited St. Paul, held discussions at the high school, established advisory committees, prepared agreements between the county and the school district, visited with the PTA, briefed students, developed protocols and prepared clinic facilities. The clinic opened February 1986 at Roosevelt. In 1986, the state-funded clinics opened at other schools in Oregon.

The establishment of the Roosevelt clinic was not without controversy. Six days before it opened, a teen clinic advisory committee of teachers, students, parents and school administrators debated family planning counseling. Bowing to community pressure over the emotionally-charged issue, the principal ordered the clinic coordinator to open the clinic without family planning counseling. The superintendent, however, after considering the problem of teen pregnancy in Oregon ordered the clinic to offer family planning services.

The Roosevelt teen health center, now in its fourth year of operation, serves approximately 714 students who make more than 2,000 visits annually.

The Oregon Model

The teen health center at Roosevelt, as the first school-based clinic in Oregon, served as a model program for the state-funded clinics that followed.

The 1985 legislation made Oregon the first state to establish a school-based health clinic demonstration program. That year the state's Health Division issued a request for proposals from communities developing comprehensive health services for teens. Five additional sites were chosen around the state: three high schools in the rural areas of Central Point, Toledo and La Grande and two high schools in the urban areas of Portland and Eugene.

Student populations range from 323 at Toledo High School to 1,579 at Jefferson High School in Portland. The clinics at La Grande High School, Crater and North Eugene also serve junior high school students and other younger students.

Implementation

The six school-based teen health centers are partially funded by the state through the Oregon Health Division. Roosevelt High School and two additional clinics not treated in this report serve Portland public schools and are funded by Multnomah County. As mandated by the Legislature, schools were selected that had high incidences of substance abuse, teen pregnancy and suicide. Selection also was based on a health needs assessment, the unemployment rate in the area, student participation in subsidized lunch programs, estimated single-parent households and medically uninsured families.

The Oregon Department of Human Resources' Adolescent Health Program provides technical and administrative assistance to the clinics. Technical assistance includes the provision of nutritionists, medical records consultants and staff training. The state also oversees clinic administration and management. Nursing consultants visit the clinics yearly to ascertain if they operate within state health parameters and provide advice and information by telephone. State funded clinics must send to the Health Division copies of forms recording each visit. These forms are entered into a state health database, which provides periodical statistical reports to the clinics detailing the number of and reasons for visits, and student's grade level and sex. Clinics also must sign assurances that grant funds will not be used to procure or dispense contraceptive materials or devices on site, although clinics at Jefferson and Crater High School prescribe contraceptives. Clinics also are prohibited by law from using grant funds for abortion counseling or referral.

Local administration is by health agencies and schools. The Multnomah County Health Division administers the program at Jefferson High School.

The School of Nursing at Eastern Oregon State College administers the La Grande program through a contract with the school district. Eugene School District administers the North Eugene High School Program. The Lincoln County Health Department administers the Toledo High School Program and the Jackson County Health Department administers the Crater High School Program in Central Point. The clinic in Oregon City is administered by the Clackamas County Health Department.

Funding

Clinics with nurse practitioners on duty daily cost about $100,000 annually to operate. Multnomah County clinics average $165,000 because of size, student populations served and additional staffing, such as mental health specialists. State funding priority is given to clinics that commit the maximum level of local matching funds. The state funds half the operating costs of five clinics and one-third of the Multnomah County/Jefferson clinic. State funds decrease by 25 percent in the grant's third year. The amount of state general fund dollars received by the clinics in 1987-88 is shown in Table 1.

Table 1
School-Based Adolescent Health Centers
Fiscal Year Funds 1987-1988

	State General Fund	Federal Funds* (MCH)	TOTAL
Crater High School	$ 55,588	$ 8,019	$ 63,607
Toledo High School	50,076	3,129	53,205
North Eugene High School	55,588	10,000	65,588
La Grande High School	43,160	7,919	51,079
Multnomah County Jefferson High School	55,588	10,000	65,588
	$260,000	$39,067	$299,067

*During fiscal year 87-88, Federal Maternal Child Health funds were available and distributed amongst the sites receiving state funds.
Source: Oregon School-Based Health Programs 1987-88 Annual Report.

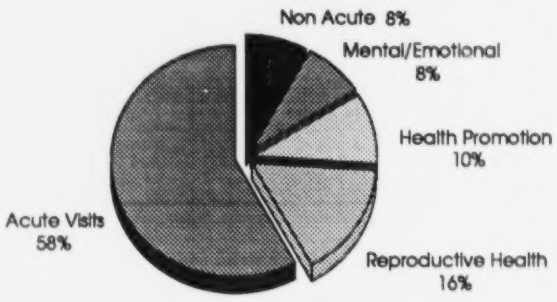
The clinics received additional funds for 1987-88 from the federal Maternal Child Health program that were not provided in fiscal 1988-89. All remaining monies are provided by the local agencies in the form of in-kind contributions such as school rooms and facilities and appropriated funds from the county or school district. State support for the programs is also evidenced in an increase in program funding over the years. In 1987 the Legislature included $535,000 for the five existing clinics and for an additional clinic in Oregon City in its 1988-89 biennial budget. That amount represents an increase over the previous allocation of $235,000 made in 1985. In 1988-89, the state appropriated funds for a sixth clinic in Oregon City at a cost of $54,267.

Use of Services

Most students visit the clinics for treatment of injuries and infections, according to statistics from the Oregon Health Division and the Multnomah County Health Division. Use of services provided by eight of the clinics for the school year September 1987 through June 1988 is profiled in Figure 1.

Figure 1
Oregon School-Based Adolescent Health Program Service Utilization
September 1987 - June 1988

Total Users — 5,568 **Total Visits — 19,771***



Acute Visits (11,767) — Injuries, infections

Reproductive Health (3,338) — Sexually transmitted disease (STD), family planning, pregnancy tests, prenatal care, menstrual problems

Health Promotion (2,072) — Nutrition, smoking cessation, athletic physicals, immunizations

Mental/Emotional (1,701) — Relationship problems, depression, eating disorders

Non Acute (1,628) — Anemia, vision/hearing problems

Raw data source: Oregon Health Division School-Based Adolescent Health Program Data System and Multnomah County Health Division Data Encounter System.

*Some visits were for more than one reason; percentages reflect recorded purpose data.

Each school records data concerning types of services used, percentage of male to female users, and visits by age or grade. In every school clinic, the majority of visits were by females (2 to 1 ratio) and the majority of visits were "acute visits" or treatment for injuries and infections. Ninth and 10th graders seemed to comprise the highest percentage of users by grade.

Operations and Services

Clinic staff usually consists of a nurse practitioner, community or school health nurse and receptionist or health aide. The exception is La Grande High School, where a nurse assesses health care needs on site and some care is provided off campus.

The duties of the basic clinic staff follow:

The community health or school nurse is the health center coordinator who acts as a liaison between the school-based clinic and school administration, faculty, parents, advisory board and community at large. The coordinators work directly with students assessing and providing health care, teaching health promotion and facilitating groups directed toward healthy lifestyles.

Nurse practitioners provide direct primary care to students. They provide assessment, examination and diagnosis. They have prescriptive privileges within their scope of practice as defined by Oregon law. In each clinic, nurse practitioners have a defined consultation relationship with a physician. Additionally, they refer to or consult with providers identified as regular caregivers by the student and/or family. At the request of classroom teachers, practitioners provide lectures on specific health education topics as well as co-facilitate some groups.

The receptionist or health aide greets students entering the health center. Receptionists provide clerical support by scheduling appointments, organizing client charts, compiling clinic statistics and maintaining supplies. In Multnomah County, the health aides are trained medical assistants. They take medical information, vital signs, weights and measures, assist the practitioner and collect laboratory specimens.

Health Services

The clinics' services include treatment of disease and infection, routine physicals, immunizations, reproductive health services, health promotion, and crisis and mental health counseling.

Students are referred to outside providers for specialized services. According to the school-based Adolescent Health program report for 1987-1988, many students would not receive a physician's care had they not been referred by the clinic. Referrals are made for drug and alcohol treatment, family planning and emergency room care. In communities such as rural Toledo where clinics cannot provide family planning services, students are referred to the county health department or private physicians for family planning.

It is too early to determine whether clinics offering family planning services have been effective in reducing the rate of unintended teen pregnancies. However, at Multnomah County clinics, where contraceptives are prescribed, the incidence of teen birth has declined or not risen since the clinics opened in 1986. The teen birth rate throughout the state has risen.

Pregnant teen-agers may be referred for prenatal care or receive care at the clinic. At Jefferson High School, 50 pregnant and new mother teenagers receive services from the teen health center and the separate teen parent program housed in the same room. This program has reduced the dropout rate because it allows students to stay in school and it reduces the risk of teen-agers having low-birth weight babies by providing accessible and affordable prenatal care.

Experience has shown that mental health services are a vitally needed component of clinic programs. Each school clinic's program differs in response to student needs and local events such as car accidents or death of a student. For example, North Eugene Health Center staff initiated a therapy group for victims of sexual abuse after students disclosed experiences of sexual abuse. The center contracted with a community therapist specializing in sexual abuse issues to lead the group. Another group, "Grief, Loss and Change" helps students cope with deaths and other traumatic events. Crater High School offered a Children of Alcoholics group. The group provided a safe setting to share stories, gain support and develop survival strategies. Adult support was provided by a health center staff member and school drug and alcohol counselor.

At Jefferson High School, a mental health consultant provides services to the clinic once a week and is available for phone consultation whenever necessary. Individual, group and family therapy is provided for such problems as depression, eating disorders, family conflict and uncontrolled anger.

The health centers have recorded increased numbers of substance abusers and emotional disorders. Health center and school staff are cooperating to identify and refer students at risk for substance abuse. In addition, clinic staff are involved in the development of emergency response plans for students during times of crisis. Teachers increase their referrals to the clinics as the health center becomes integrated into the high school community.

Health Promotion

Health promotion and education efforts by school-based clinics focus on prevention and per-

sonal responsibility. Clinic posters promote healthy lifestyles and warn about the dangers of drugs, tobacco or unprotected sex. Clinic staff who treat acute problems discuss ways to prevent recurring illness or injury. Personal responsibility for one's own health is encouraged and discussed in the context of the student's individual concerns.

Centers attempt to increase student health awareness through presentations to classes and after school groups and through peer counseling, pamphlets and videos.

Because ninth and 10th graders comprise a majority of the visitors to teen health centers, the clinics promote and encourage healthy behavior before students adopt destructive habits. Clinic programs stress self-assertion, self-esteem and abstinence to help students build a solid sense of self-worth that allows them, particularly young women, to "say no" effectively.

One program that has been particularly successful in this area is peer counseling — students teaching students. For example, Crater High School's Crater Cabaret theatre group performs a show called "Masks and Mirrors." The show's skits concern parent communication, teen sexuality, dating, independence, alcohol, drug abuse and divorce. More than 500 students and adults have seen the group perform.

Clinics' promotion activities have included sports and employment physicals; immunizations; vision, dental and hearing screenings; nutrition counseling and weight management; smoking and chewing cessation; driving safety awareness; wellness days; school newspaper columns; sexually transmitted disease awareness; in-school teen parent programs; presentations on breast and testicular cancer; peer counseling; the "Great American Smokeout" to quit smoking for a day; and an all-night drug/alcohol-free graduation party.

Clinic Operations

Clinics' hours are 8 a.m.-4:00 p.m. when the schools are open. Students are seen on both a scheduled and drop-in basis. Students are discouraged from visiting the clinic during class time and teachers can request that an appointment be rescheduled if it interferes with a class.

The reasons for student visits are varied. The majority of visits have been for the treatment of acute injury and illness such as flu, sore throats and headaches. Some real life glimpses include:

- A boy was brought into the school health clinic after students sitting near him complained of a bad odor. On examination by the clinic nurse, it was discovered that the boy had a serious ear infection that had festered beyond the point of pain. He was sent immediately to the nearest hospital where he underwent treatment, narrowly avoiding meningitis, which is sometimes deadly.
- She was shy, overweight and complained of "stomach aches." She was also six months pregnant. With counseling and support from the clinic nurse, the teen-ager successfully carried her child to term.
- He was a severely depressed 15-year-old boy with constant thoughts of his own worthlessness. The day before a planned suicide attempt, he visited the health center coordinator, who quickly intervened by notifying his parents and providing counseling for the boy and his parents.

Countless students with assorted aches and pains pass through the clinics each day for what might be their sole opportunity to receive medical attention, particularly in isolated rural communities. The on-campus treatment allows the students to remain in school and decreases absenteeism due to minor illnesses or injuries.

Routine visits may expose more serious medical problems. Chronic disease, hypertension and previously undetected heart defects have been diagnosed. Teens with severe depression and serious eating disorders have been referred for treatment.

Students who come to the health centers for pregnancy tests are counseled regarding their sexual activity. Abstinence is strongly recommended and reinforced by personal and group counseling that stresses assertiveness skills for young women. Personal responsibility is discussed in sexual activity, such as pregnancy prevention and sexually transmitted disease.

None of the school-based health centers dispenses birth control devices on site. Jefferson, the other Multnomah County clinics, and Crater High School clinic provide family planning medical services and write prescriptions for birth control. In response to community wishes, the remaining four schools do not write prescriptions for birth control, but may refer students to community health clinics which offer family planning services.

Consent and Confidentiality in Oregon

Oregon law allows students 15 and older to obtain health services without parental consent. All centers strongly encourage parental involvement and each clinic provides information about its services and sends consent forms home to parents.

Oregon statute permits a person of any age to receive family planning or sexually transmitted disease treatment without parental consent. Students under the age of 14 must have parental consent to receive all other health center services. Parents are always notified of medical emergencies and may schedule an appointment with their child to visit the clinic.

Parents are encouraged to participate on each clinic's advisory board, which also includes community leaders, students, teachers, health care providers and the clergy. The boards review program policies and discuss issues of concern to the

community, students, teachers and parents. The meetings are open to parents.

Parental involvement is also encouraged through several innovative programs. Toledo High School offers Mother/Daughter workshops to foster communication on sexuality and health-related issues. Crater High School offers communication workshops to parents and teen-agers.

Evaluation

All programs are reviewed to ensure that they meet acceptable clinical standards and the goals and objectives in their grant proposal. Clinic staff and state administrators have discussed additional evaluation methods and criteria. Even measuring whether there has been a reduction in the rate of teen-age pregnancy in the areas served by the clinics is difficult because data are not always available. Information regarding teen-age pregnancy is not routinely collected by schools and census data does not indicate whether teen-age mothers are in school or have dropped out.

During the 1986-87 school year, the five state-funded Oregon clinics provided services to approximately 2,800 students in 8,844 visits. In 1987-88, the same clinics served approximately 3,600 students who made 12,870 visits, representing a 28 percent increase in students using the clinics. For the 1988-89 school year, there were over 14,000 visits, including those to the new clinic in Oregon City.

Success of the programs is also seen, in part, through their expansion in the state. The Multnomah County Commission approved opening three additional clinics in Portland and the Oregon Legislature approved the siting of six additional clinics statewide.

Interviews by Innovations/CSG staff with students using the clinics and of parents on clinic advisory boards indicate a growing acceptance and trust in clinic staff and functions. One teen-age mother interviewed said that if it had not been for the clinic she would have dropped out of school.

Claire Brindis, co-director, Center for Population and Reproductive Health Policy at the University of California, San Francisco and consultant to the Oregon School Based Health Clinic Program on potential evaluation models commented, "While evaluation is of extreme importance in this area, we have to be very careful about scrutinizing these clinics more than we have scrutinized the health outcomes provided by HMOs, private doctors, and other outpatient health services to adolescents."

Transferability

Oregon health officials offer recommendations to states considering establishing a school-based adolescent health program. Joan Binninger, Family Planning and Adolescent Health Program Manager, said, "It's critical in siting a school-based clinic that a committee be formed to help in the planning process. This committee should represent a broad spectrum of the community and include leaders who may oppose the siting of the clinic and parents who are concerned about the effect of the clinic on their child's behavior. Usually, as the committee works together and grows to understand the need and the services, opponents to the program become proponents. Wherever we have clinics in operation we find the school district, the parents and the community express a commitment to the program such that they cannot imagine the school without this much needed health service."

One of the benefits of a state coordinated program is that the state can act as an information clearinghouse and provide training and technical assistance. This is particularly important for rural clinics, which are isolated by long distances and lack professional resources of urban areas. The state can provide communication and networking so that clinics can share information, problems and successful projects.

Although each clinic must meet state requirements, there is considerable autonomy and variability based on community standards and community needs. This adds to the clinic's integration and acceptance in the community.

Other States

As of 1988, there were 30 states, including Oregon, that had school-based clinics. State funds are provided for school-based clinics in Arkansas, Colorado, Connecticut, Illinois, Maine, Maryland, Michigan, New Jersey, North Carolina, New York, Oregon and Rhode Island. Most of these programs are administered through the state departments of health or human resources. Funding varies considerably, with the majority of states appropriating moderate sums ($100,000-$500,000).

Michigan and New Jersey have initiated the most expansive programs. In Michigan, the Department of Health adopted a five-year plan to develop adolescent health services by establishing 100 teen health centers. In 1987, the Michigan Legislature appropriated $1.25 million to fund six existing clinics as well as 11 seed grants for communities to assess adolescent health needs. In fiscal year 1989, $2 million was appropriated to continue 11 centers and open five additional clinics. The increased appropriation also will support 11 grants for communities to assess health needs.

New Jersey allocated $6 million for a School-Based Youth Services program to provide job training, counseling, mental and health services. The program, which is administered by the Department of Human Services, will provide up to $250,000 a year to 30 sites statewide. Projects also may offer day care services, drug and alcohol abuse counsel-

ing and outreach to drop outs. The state law bans use of public funds for contraceptives. The centers must have community approval to use other funding to provide contraceptives. Some 65 percent of funded projects offer family planning services directly or through referral.

Conclusion

In a relatively short period of time a new system of delivering health services to teen-agers has been developed in Oregon. The six clinics serve a combined population of more than 7,500 students and young people. The acceptance of the clinics by students, teachers, parents and the communities is proof of the viability of the Oregon program. Efforts are underway to quantitatively assess whether the clinics have reduced the incidence of teenage pregnancy, drug, alcohol and tobacco use and other major problems of adolescence.

Acknowledgements

The author wishes to thank Joan Binninger of the Health Division, Oregon Department of Human Resources, who arranged interviews and provided valuable information on the Oregon School-Based Adolescent Health Programs. Thanks also go to Renee Stern of the Center for Population Options, and Claire Brindis, co-director of the Center for Population and Reproductive Health Policy at the University of California-San Francisco for providing additional information. Special thanks to the staff at the Toledo clinic and the Teen Health Centers in Multnomah County. For more information on Oregon's school-based adolescent health program, please contact Joan Binninger of Oregon at (503) 229-6229. Copyright 1989. The Council of State Governments.

CSG INNOVATIONS TRANSFER PROJECT

The Council of State Governments fosters sharing of state experience through its programs to transfer innovative ideas. Disseminating information to state officials and others about successful policies and programs in other states is a major goal of the Council's Innovations Transfer Project. The project takes its cue from former U.S. Supreme Court Justice Louis Brandeis, who said that a state serves as a laboratory for trying "novel social and economic experiments without risk to the rest of the country." Implied in the statement is the concept that good policies and programs can be adopted by other states for the benefit of their citizens.

The Council is a joint agency of all the state governments — created, supported, and directed by them. It conducts research on state programs and problems; maintains an information service available to state agencies, officials, and legislators; issues a variety of publications; assists in state-federal liaison; promotes regional and state-local cooperation; and provides staff for affiliated organizations. In addition to its headquarters in Lexington, the Council maintains a state-federal liaison office in Washington, D.C., and regional offices in Atlanta, Chicago, New York and San Francisco.

To order copies of Innovations reports, contact The Council of State Governments, Iron Works Pike, P.O. Box 11910, Lexington, KY 40578-9989, (606) 231-1850. Single copies are free to state officials.

RM-788 **Price $10.00** **October 1989**

The Council of State Governments
Iron Works Pike
P.O. Box 11910
Lexington, Kentucky 40578-9989

NON-PROFIT ORG.
U.S. POSTAGE
PAID
Lexington, KY 40578
PERMIT NO. 355